



## Nurse Practitioners and Licensed Midwives Sample Fee Schedule July 1, 2005

This sample fee schedule of commonly billed procedure codes includes maximum allowances for nurse practitioners and licensed midwives for dates of service on or after July 1, 2005.

### Basis for Maximum Allowances

The maximum allowances were excerpted from the July 1, 2005 Uniform Medical Plan (UMP) *Professional Provider Fee Schedule*, and adjusted to reflect the 10% payment differential that applies to this provider type. The majority of the fee schedule is based on the Resource Based Relative Value Scale (RBRVS) methodology. The maximum allowances are calculated using the Centers for Medicare and Medicaid Services (CMS) 2005 relative value units (RVUs), CMS statewide Geographic Practice Cost Indices (GPCIs) for Washington State, and the UMP conversion factor of \$50.00.

### Non-Facility and Facility Setting Maximum Allowances

The fee schedule includes two maximum allowance columns. The **non-facility setting** maximum allowances apply to professional services performed in all settings, with the exception of ambulances, ambulatory surgery centers, licensed birthing centers, hospice facilities, community mental health centers, hospitals, military facilities, Indian health facilities, Tribal facilities, and skilled nursing facilities. In these settings, the **facility setting** maximum allowances are applicable.

### Codes and Descriptions

The UMP fee schedule uses Current Procedural Terminology (CPT™) and the Healthcare Common Procedure Coding System (HCPCS). The descriptions for the CPT™ and HCPCS Level II codes listed are abbreviated. For billing purposes, please use the most recent edition of the CPT™ and HCPCS Level II coding books, which include complete descriptions of the codes. The guidelines for the evaluation and management codes listed are found at the beginning of the CPT™ code book.

### Coverage and Payment

The procedure codes and corresponding fees listed in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to plan benefits, exclusions, limitations, and pre-authorization requirements. Please consult the UMP *Certificate of Coverage* for complete coverage details. The UMP *Billing and Administrative Manual for Professional Providers* (including the *Certificate of Coverage*) will be sent to you upon approval of your preferred provider status.

Visit the UMP web site at [www.ump.hca.wa.gov/provider/](http://www.ump.hca.wa.gov/provider/) to download copies of all UMP publications mentioned in this document. If you have any questions, please call (206) 521-2023 (within the Seattle area) or toll free at 1-800-292-8092.

### Fee Schedule Updates and Corrections

The UMP fee schedule is generally updated annually on July 1.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

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**Nurse Practitioners and Licensed Midwives**  
**Sample Fee Schedule**  
**July 1, 2005**

<b>Commonly Billed Procedure Codes</b>			
<b>Code</b>	<b>Brief Description</b>	<b>Maximum Allowances as of 7/1/05</b>	
		<b>Non-Facility Setting</b>	<b>Facility Setting</b>
59400	Obstetrical care	\$1,940.85	\$1,940.85
59410	Obstetrical care	\$1,082.70	\$1,082.70
99201	Office/outpatient visit, new	\$43.65	\$28.35
99202	Office/outpatient visit, new	\$77.85	\$55.80
99203	Office/outpatient visit, new	\$115.65	\$85.95
99204	Office/outpatient visit, new	\$163.35	\$127.35
99205	Office/outpatient visit, new	\$206.55	\$169.20
99211	Office/outpatient visit, est	\$26.10	\$10.80
99212	Office/outpatient visit, est	\$46.35	\$28.80
99213	Office/outpatient visit, est	\$63.00	\$42.30
99214	Office/outpatient visit, est	\$98.55	\$70.20
99215	Office/outpatient visit, est	\$143.10	\$112.50

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